

**International Workshop on In-Situ Resource Utilization  
Conference-Workshop  
August 15-17, 2006**

**Please mail to the following address or FAX to 216-433-3793  
Ms. Cynthia Rosenberger  
NCSEER/GRC  
21000 Brookpark Road, MS 110-3  
Cleveland, OH 44135**

**Standard Registration Form**

Title (please circle one):            Dr.      Prof.      Mr.      Ms.      Mrs.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Conference Registration Fee**                      **\$156.00**

**Payment Method**

**Credit Card** (circle type):            Visa            MasterCard

Cardholder's name: Print

_____	Amount: _____
Card number: _____	Expiration: _____
Signature: _____	Date signed: _____

**Check/Money Orders:**

Please make payable to **USRA**. Checks must be either:

- a) Drawn on a US bank            b) International money order (US dollars)            c) Bank draft on foreign bank with NYC branch

**Registration Fee Covers:**

**Continental Breakfast and PM Break – August 15, 16, 17**

**Welcome Reception (hors d'oeuvres) – August 15**

**Lunch – August 16**

**Hors d'oeuvres/Dinner – August 16**